

**BOARD OF REGISTERED NURSING**

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FREQUENTLY ASKED QUESTIONS REGARDING NURSE PRACTITIONER PRACTICE

Practice Questions

➤ ***Do my patient charts need to be countersigned by a physician?***

The Nursing Practice Act (NPA) does not require physician countersignature of nurse practitioner charts. However, other statutes or regulations, such as those for third party reimbursement, may require the physician countersignature. Additionally, some malpractice insurance carriers require physicians to sign NP charts as a condition of participation. Standardized procedures may also be written to require physicians to countersign charts.

➤ ***Can a nurse practitioner dispense medications? If so, what laws should the nurse practitioner know about to perform this function?***

The Business and Profession Code, Section 2725.1 – allows registered nurses to dispense (hand to a patient) medication, except controlled substances, upon the valid order of a physician in primary, community and free clinics.

AB 1545, Chaptered 914 (Correa)-amended Section 2725.1 to enable NPs to dispense drugs, including controlled substances, pursuant to a standardized procedure or protocol in primary, community and free clinics. Pharmacy law, Business and Professions Code, Section 4076 is amended to include NPs dispensing using required pharmacy containers and labeling. This new law became effective January 1, 2000.

➤ ***Is a nurse practitioner practicing illegally when the physician supervisor is more than 50 miles away?***

The mileage between the nurse practitioner and the supervising physician is not specifically addressed in the NPA. However, the physician should be within a geographical distance, which enables her/him to effectively supervise the nurse practitioner in the performance of the standardized procedure functions.

➤ ***Does the nurse practitioner need a physician supervisor who is approved by the medical board?***

No. Nurse practitioner laws do not require that the physician supervisor be approved by the Medical Board.

- ***I am a pediatric nurse practitioner and the physician wants me to start treating adults. I feel comfortable treating adults, so can we develop standardized procedures to cover this new population, diagnosis/treatments and furnishing?***

You must first be clinically competent to provide care to this new patient population. Clinically competent is defined in California Code of Regulations (CCR) section 1480(c) as "...to possess and exercise the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice." In this instance, you would have to demonstrate knowledge and skills comparable to those of an adult nurse practitioner. Clinical competence in this new specialty can be achieved by successful completion of theory course(s) and a supervised clinical practicum at an advanced level for the new patient population.

Once competency is achieved, and as required by the Standardized Procedure Guidelines (CCR 1474), the standardized procedures for the adult population must specify the experience, training, and/or education, which enables you to provide the care. The method used to establish initial and continuing evaluation of your competence to perform the standardized procedure functions must also be specified.

- ***How often do my standardized procedures need updating?***

The standardized procedures should be updated frequently enough to ensure that patients are receiving appropriate care. Factors to consider in making the determination include, but are not limited to, patient population and acuity, treatment modalities, and advances in technology affecting the patient population.

- ***Can I adopt my nurse practitioner program's standardized procedures as my own when I go out into practice?***

If the nurse practitioner program's standardized procedures meet the requirements of the Standardized Procedure Guidelines (CCR 1474) and are approved by nursing, administration, and medicine at the agency, then they may be used.

- ***I am a geriatric nurse practitioner and work with a physician who has patients in a number of nursing homes. We have developed standardized procedures for the medical care I will be providing in these facilities. Do the standardized procedures have to be approved by each facility?***

Yes. Standardized procedures are agency specific and must be approved by nursing, administration and medicine in the agency in which they are used.

- ***I am certified as a nurse practitioner by a national certifying body. Do I need to apply to the BRN for a nurse practitioner certificate?***

Yes, you do if you use the title "Nurse Practitioner" (NP) because BRN certification is required if you "hold out" as an NP in California. You also need to apply to the BRN for a certificate if you are certified in another state as an NP and wish to use that title in California.

- ***Can a nurse practitioner develop and use standardized procedures with a chiropractor? Can the nurse practitioner furnish drugs and devices to these patients?***

No. The law restricts use of standardized procedures to performance of medical functions; therefore, the standardized procedures cannot be developed solely by the nurse practitioner and chiropractor. However, the chiropractor can be part of the interdisciplinary team, which must include nursing, administration, and medicine that develops the standardized procedures. Nurse practitioners may not furnish drugs or devices to the patients of a chiropractor. The nurse practitioner furnishing law requires that the standardized procedures or protocols be developed by the nurse practitioner and his or her supervising physician and surgeon, (2836.1 (a)).

➤ ***May I call myself a nurse practitioner once I have completed my nurse practitioner program?***

You cannot use the title nurse practitioner until you have been certified by the BRN as a nurse practitioner. Furthermore, registered nurses who use the title without BRN certification subject their licenses to Board discipline.

➤ ***I am a nurse practitioner and I do not have a nurse practitioner furnishing number. Can I still "furnish" medications for patients using a standardized procedure?***

No. There is explicit statutory language related to furnishing of drugs and devices by nurse practitioners (NPA, Article 8). The furnishing of drugs and devices by nurse practitioners is conditional on issuance of a furnishing number to the nurse practitioner by the BRN. The furnishing number must be included on all nurse practitioner transmittal orders for drugs or devices.

➤ ***How do I find out about third party billing, especially medicare and medi-cal?***

Medicare
Certification Dept
P.O. Box 60560
Los Angeles, Ca. 90060-0560
213-742-3996

Medicare
Physician and Provider
line
Chico, CA. 95976
530-743-1587

Medi-Cal
916-323-1945
EDS 1-800-544-5555
Provider Information.

These numbers all have recorded responses, they are subject to change.

Furnishing Questions

➤ ***What is a formulary?***

A pharmacy formulary is generally regarded as a drug compendium reference utilized by facilities or health plans as a reference. The drug name, dosage, clinical indications, and complications/adverse reactions are generally included. It is most common for the health insurer to identify by means of a formulary those drugs and devices covered by the plan. Nurse practitioners using furnishing numbers can identify a formulary(ies) in their furnishing standardized procedure.

➤ ***What is a "patient specific protocol" for schedule III, controlled substances?***

The patient-specific protocol required for nurse practitioners to furnish Schedule III controlled substances is a protocol, contained within the standardized procedure, that specifies which categories of patients may be furnished this class of drugs. The protocol may state other limitations, such as the amount of substance to be furnished, and/or criteria for consultation.

- ***In my furnishing procedure do I need to list the drugs and devices that can be furnished or can I use categories of drugs?***

The law requires the identification of the drugs and devices in standardized procedure or protocol. The nurse practitioner cannot use a category of drug to meet the furnishing requirements. The law states:

The standardized procedures or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish drugs or devices, **which drugs or devices may be furnished**, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedures. (NPA, Section 2836.1) (Emphasis added.)

- ***How many nurse practitioners, with a furnishing number, may a physician supervise at one time within a medical practice?***

The furnishing law requires that the physician supervise no more than four nurse practitioners at a time. If the nurse practitioners are not furnishing, there are no limitations on the number of nurse practitioners the physician may supervise.

- ***I am certified as both a nurse practitioner and a nurse midwife. Do I need to have two furnishing numbers?***

The BRN does not require you to maintain two furnishing numbers. It should be noted that the certified nurse midwife furnishing law is more restrictive than the nurse practitioner law. The nurse practitioner furnishing statute was amended in 1997 and January 1, 2000 and permits furnishing in all sites except "solo practice" and, with certain limitations, permits nurse practitioners to furnish controlled substances, Schedule III, IV, V. NPs may now obtain DEA registration to furnish controlled substances, schedule III, IV, V. (The CNM furnishing laws did not change in 1997 and January 1, 2000).

DEA Questions

- ***The DEA application asks for "State License No.". Which number, RN license number or NPF number, should the NP put on the application?***

The DEA requires the RN license number and the NPF number.

- ***The DEA application asks for a business address. Can the NP use a work address or personal address?***

The DEA requires a business address which is the physician address or clinic address for registration. The DEA number is business site specific. If you leave your place of employment, you must send your DEA registration back to the DEA office. If you go to another business address, you must apply for a new DEA registration number. If the physician or office clinic has two locations (business addresses), the NP must apply for two separate business location DEA numbers. Dual business addresses can be specified on the application. Then, if you go to another business address, you must submit a letter to DEA regarding the change, and reapply.

Keep in mind that NPs cannot furnish in the solo practice of a nurse practitioner or nurse practitioners.

➤ ***Does the NP need a furnishing number issued by the BRN to obtain a DEA number?***

Yes, an NPF number is required to obtain a DEA number. The provisions of SB816 added “order” to Business and Professions Code, Section 2836.1. SB816 did not change the requirement to furnish using standardized procedures for controlled substances, Schedule III, IV, and V. Schedule III requires “patient specific protocol” approved by the physician.

➤ ***Can NPs now be allowed to write for controlled substances, Schedule II narcotics, with their DEA number?***

No, NPs are authorized to order Schedule III, IV, and V controlled substances. Physician Assistants can order Schedule II, controlled substances as this was provided for in SB816.

➤ ***Does having a DEA number eliminate the need for a furnishing number?***

No, the DEA number only allows NPs to write “order” controlled substances, Schedule III, IV, and V. NPs are required to have a furnishing number to make drugs and devices available to their patient using a transmittal form (prescription pad) and are to be furnished pursuant to approved standardized procedures. DEA registration numbers are site specific and used by the DEA for tracking prescribing of controlled substances.

➤ ***On the DEA application, it asks “Administer, Dispense, Prescribe”. Can a NP as a result of SB816 now prescribe?***

Yes, for the purposes of obtaining DEA numbers and writing for controlled substances, the NPs “prescribe” Schedule III, IV, V.

➤ ***Are NPs now considered “prescribers”?***

For the purpose of obtaining a DEA number for (ordering) Schedule III, IV, V the NP with a furnishing number is considered by the DEA to be a prescriber.

➤ ***Can the NP with a furnishing number use their physician’s DEA number?***

No, the NP with a furnishing number may not use the physician’s DEA number. The new law requires the nurse practitioner with the furnishing number to obtain his or her own DEA number to furnish controlled substances.

➤ ***What is required to be printed on the prescription pad/transmittal order/drug order?***

When furnishing a controlled substance, Schedule III, IV, or V, write the “order” and include your name, title, furnishing number, and DEA number. The law still requires the supervising physician to be identified on the transmittal order for the purposes of the label on the container. The NP name will also be displayed on the container as a result of AB1545 which is a new provision.

➤ ***Do nurse practitioners have prescriptive authority and can nurse practitioners get DEA numbers?***

Nurse practitioners do not have prescriptive authority. Furnishing is a delegated authority and is done in accordance with approved standardized procedures. Physician supervision is required and the physician must be available, at least by telephonic means, at the time the nurse practitioner examines the patient.

SB 816, Chapter 749, (Escutia), effective January 1, 2000 authorizes NPs with furnishing certificates to apply for a DEA number. Business and Professions Code, Section 2836.1 was amended, NPs furnish drugs and devices in accordance with standardized procedures or protocols developed by the NP and his or her supervising physician. The new law added "order" or "drug order" to Section 2836.1. The intent of this legislation is furnishing can now be known as an "order", and can be considered the same as an "order" initiated by the physician.

The Drug Enforcement Agency (DEA) monitors all prescribers who write for controlled substances. NPs in Section 2836.1 of the Business and Professions Code are legally authorized to furnish and "order" controlled substances, schedule III, IV, V.

Registration with the Federal Drug Administration (DEA) can be done by calling:
Los Angeles Field Division: (213) 894-2216 or 1-888-415-9822
San Diego Field Division: (858) 616-4327
San Francisco Field Division: 1-888-304-3251

➤ ***Where can a nurse practitioner find information on controlled substances such as the drug enforcement administration (DEA) and pharmacy laws? Numbers subject to change.***

DEA Main office, San Francisco: (415) 436-7854 or 1-888-304-3251
DEA Domestic Field office, Fresno: (209) 487-5402
DEA Domestic Field office, Sacramento: (916) 566-7159
DEA Domestic Field office, San Diego: (858) 616-4327
DEA Domestic Field office, Los Angeles: (213) 894-4016
Board of Pharmacy : (916) 445-5014